

FAX TRANSMISSION**DATE:** August 13, 2003**PTO IDENTIFIER:** Application Number 10/006,261
Patent Number**Inventor:** Albion J. FITZGERALD and Joseph J. FITZGERALD**MESSAGE TO:** Group Art Unit 2184 (Examiner To Be Assigned)**FAX NUMBER:** (703) 746-7239**FROM:** MORRISON & FOERSTER LLP
Stephen C. Durant**PHONE:** (415) 268-6982**Attorney Dkt. #:** 363512004304**PAGES (Including Cover Sheet):** 6**CONTENTS:** Transmittal (1 page);
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/006,261	
	Filing Date	December 4, 2001	
	First Named Inventor	Albion J. FITZGERALD	
	Art Unit	2184	
	Examiner Name	To Be Assigned	
Total Number of Pages In This Submission	4	Attorney Docket Number	363512004304

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent in triplicate (3 pages) Facsimile Return Receipt Cover and Certificate of Transmission
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Firm or Individual name	MORRISON & FOERSTER LLP Stephen C. Durant - 31.906
Signature	<i>Stephen C. Durant</i>
Date	August 13, 2003

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sf-1549559

PTO/SB/83 (05-03)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	10/006,261
	Filing Date	December 4, 2001
	First Named Inventor	Albion J. FITZGERALD
	Art Unit	2184
	Examiner Name	To Be Assigned
	Attorney Docket Number	363512004304

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I hereby apply to withdraw as attorney or agent for the above identified patent application.

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